

## Appendix C

### ES&H Integration Worksheet

|   |  |                                 |         |
|---|--|---------------------------------|---------|
| To:<br>(Program facility manager)   |  | Date:                           |         |
| From:<br>(Responsible individual)   |  | Ext.:                           | L-Code: |
| Organization:   |  |                                 |         |
| Location of proposed activity: Bldg.                      Room  |  | Start Date:<br>Completion Date: |         |
| Emergency notification (Name/phone):<br>Alternate:  |  |                                 |         |
| Activity/operation type:  |  | Percentage of time: _____ %     |         |
| <input type="checkbox"/> Attended   |  | Percentage of time: _____ %     |         |
| <input type="checkbox"/> Unattended   |  |                                 |         |
| Name of proposed activity/operation/project:  |  |                                 |         |
| Description of proposed activity/operation/project (attach diagrams, floorplans, etc., if needed for clarity):    |  |                                 |         |
| Names of qualified personnel assigned to this activity/operation/project (attach additional sheets if necessary): |  |                                 |         |

The proposed new activity or change to an existing activity (check **all** that apply)

- ☐ Is not covered under the umbrella of the *Health & Safety Manual*, the *Environmental Compliance Manual*, or by an OSP or FSP.
- ☐ Increases the hazard, requires or modifies a permit, increases hazardous waste, modifies the environmental impact, or involves new or modified pollution abatement devices.
- ☐ Involves special and unusual activities (i.e., aviation, firearms, offsite locations, non-LLNL personnel, hazardous-for-working-alone).
- ☐ Involves decontamination, decommissioning, major building renovation, demolition, or ground-disturbance activities.
- ☐ Will require medical surveillance by the Health Services Department or personal monitoring by the Hazards Control Department.
- ☐ Involves installation of safety systems requiring maintenance.

**or**

As the responsible individual, I believe the proposed new activity (check one only)

- ☐ Is a common laboratory or industrial activity that does not require any additional safety review, procedure, or environmental review.
- ☐ Is adequately covered by the existing documentation below, which will be required reading for all individuals participating in this activity (attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Is covered by existing documentation; however, I do not know if such documentation adequately covers the activity.

Complete reverse side, sign, and send to your facility manager.

The proposed activity involves the following (check **all** that apply):

|  |  |
|--|--|
| <input type="checkbox"/> A special nuclear material, accountable radioactive source, explosive, beryllium, other controlled material*<br><input type="checkbox"/> A fissile material not listed previously*<br><input type="checkbox"/> A radioactive material or radioactive source not listed previously*<br><input type="checkbox"/> An operation involving an accelerator<br><input type="checkbox"/> A radiation-producing machine other than an accelerator<br><input type="checkbox"/> Ionizing radiation<br><input type="checkbox"/> An open beam operation<br><input type="checkbox"/> Activated or radioactivity contaminated equipment<br><input type="checkbox"/> An interlock or interlock bypass<br><input type="checkbox"/> A Class IV laser, or two or more Class III lasers in the same area<br><input type="checkbox"/> A Class III laser operated by a non-LLNL employee<br><input type="checkbox"/> A laser not listed previously<br><input type="checkbox"/> A laser dye<br><input type="checkbox"/> An unstable material or mock explosive not listed*<br><input type="checkbox"/> A biohazard or human fluid<br><input type="checkbox"/> A chemical laboratory<br><input type="checkbox"/> Over 50 gal. of a flammable, volatile or fuming material*<br><input type="checkbox"/> A toxic or pyrophoric gas, compressed gas, hydrogen gas, fluorine gas, or asphyxiant*<br><input type="checkbox"/> An organic solvent, volatile organic material, or an ozone-depleting material (e.g., freon) not listed previously*<br><input type="checkbox"/> An extremely hazardous material (e.g., beryllium, alkali metal powders, fluorine compounds, mercury, chemical toxins) not listed elsewhere*<br><input type="checkbox"/> A hazardous carcinogenic, mutagenic, teratogenic, or otherwise toxic material not listed elsewhere*<br><input type="checkbox"/> A flammable, combustible, corrosive, pyrophoric, water reactive, oxidizing, or peroxide-forming material not listed previously*<br><input type="checkbox"/> Movement of large machine tools or equipment<br><input type="checkbox"/> Use of respirators, safety glasses or faceshields, safety shoes or shoe covers, hardhats, or gloves<br><input type="checkbox"/> Ground disturbance<br><input type="checkbox"/> Activity not discussed in 1992 EIS/EIR or other DOE-NEPA document<br><input type="checkbox"/> A location close to an identified cultural resource at Site 300 | <input type="checkbox"/> A cryogenic material not listed previously*<br><input type="checkbox"/> An irritant*<br><input type="checkbox"/> Equipment or oil contaminated with mercury or other hazardous material (i.e., polychlorinated biphenyl [PCB])*<br><input type="checkbox"/> A pressure system above 150 psia<br><input type="checkbox"/> Work on exposed, energized electrical equipment above 50 V or 20 A, or an operation using portable equipment at other than ground potential<br><input type="checkbox"/> A capacitor<br><input type="checkbox"/> A vacuum system<br><input type="checkbox"/> Magnetic fields, microwaves, or radiofrequency<br><input type="checkbox"/> A physical hazard (noise, high temperature, cranes, forklifts, heavy equipment)<br><input type="checkbox"/> Unusual equipment requiring special training/considerations (e.g., firearm, boat, scuba diving)*<br><input type="checkbox"/> Work above 20 ft, a unique crane lift, or crane repair with an operator on the bridge<br><input type="checkbox"/> An aviation operation with airplanes, balloons, helicopters, rockets, or model airplanes<br><input type="checkbox"/> A mobile equipment vehicle (unmodified Department of Transportation [DOT] approved automobiles and trucks excluded)<br><input type="checkbox"/> Machine tools or power-actuated tools<br><input type="checkbox"/> An activity conducted at an offsite location (governing ES&H program needs to be evaluated)<br><input type="checkbox"/> An activity which affects ES&H of other activities or equipment<br><input type="checkbox"/> A radioactive, hazardous, or mixed waste*<br><input type="checkbox"/> A discharge to the ground, air, sewer, retention tank, or storm water (list discharges, source location, where discharged, and estimated quantities)*<br><input type="checkbox"/> A variance from an external regulatory agency (i.e., the Department of Energy [DOE], Bay Area Air Quality Management District [BAAQMD], the Environmental Protection Agency [EPA])<br><input type="checkbox"/> A structure or disturbance in a drainage channel, arroyo, or East Gate flood plain area<br><input type="checkbox"/> Safety systems requiring maintenance<br><input type="checkbox"/> A glovebox activity involving sharp or potentially sharp objects<br><input type="checkbox"/> Working alone<br><input type="checkbox"/> Other _____* |
|--|--|

**\*List material and quantities, and attach to this worksheet.**

|                                  |       |
|----------------------------------|-------|
| _____                            | _____ |
| Responsible individual signature | Date  |

|   |       |
|---|-------|
| <input type="checkbox"/> <b>This proposed activity requires review by the ES&amp;H team before authorization to proceed.</b><br><input type="checkbox"/> <b>This activity is authorized to proceed.</b> |       |
| _____   | _____ |
| Facility manager signature  | Date  |

Copies to: Assurance manager, ES&H team leader, responsible individual

